

00-*R*-1042

Entered - 06/12/00 - sb
CL00L0341 - DIANNE C. MITCHELL

CLAIM OF: PATRICIA SAPP
1970 Kilburn Drive
Atlanta, Georgia 30324

For damages alleged to have been sustained as a
result of a vehicular accident on October, 1999 at
1970 Kilburn Drive.

THIS ADVERSED REPORT IS
APPROVED

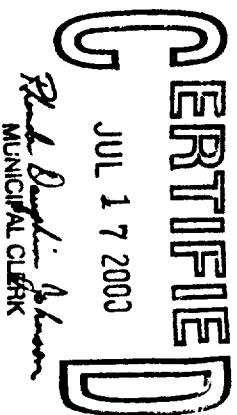
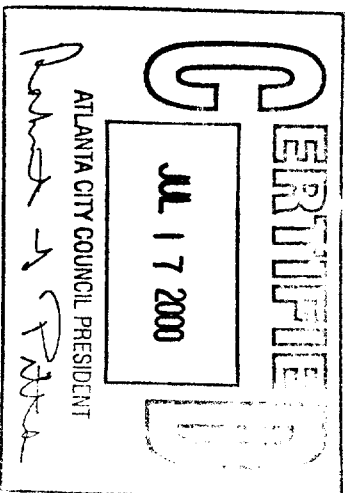
BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVISED REPORT

CONSENT AGENDA

ADVERSED BY
CITY COUNCIL JUL 17 2000

CONFIDENTIAL
7/11/00
C. T. McArthur
Debra Henderson
Henry Dwyer





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Patricia Sapp
1970 Kilburn Drive
Atlanta, GA 30324

00-R-1042

Dear Ms. Sapp:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0341

Date: June 26 2000

Claimant /Victim PATRICIA SAPP
BY: (Atty) (Ins. Co.) _____
Address: 1970 Kilburn Drive, Atlanta, Georgia 30324
Subrogation: _____ Claim for Property damage \$ 705.00 Bodily Injury \$ _____
Date of Notice: 05/18/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence October, 1999 Place: 1970 Kilburn Drive
Department Public Works Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her vehicle was damaged by a City bulldozer. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager Dianne C. Mitchell Concur/date 06-26-00
Committee Action: _____ Council Action _____



COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
CITY HALL
68 MITCHELL STREET, S.W.
ATLANTA, GEORGIA 30335

RE: CLAIM FOR DAMAGES

M. Fickel
06/09/00
DM

MAY 18

TODAY'S DATE: 5/14/00

Dear Sir:

This is to notify the City Of Atlanta that I have suffered damages in the sum of \$ _____ property and/or
\$ _____ bodily injury for which I contend the City is liable.

05-13-00 P00:34 IN

ENTERED - 6-12-00 - SB

00L0341 - DIANNE MITCHELL

See enclosed

1. Date of incident: October
2. Police called YES NO X
3. Location of incident: 1970 Kilburn Drive, Atlanta 30324
4. Name of Insurance Company State Farm Policy #: 53209-F17-11
5. State what and how incident occurred: For some time in 1999, the city had a crew working on the street of my residence - Kilburn Drive. Toward the end of the project my car was damaged somewhat extensively on the trunk by a worker in a bulldozer. On a Saturday in October
(use other side if necessary)

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your Vehicle: Toyota Tercel 1995 612TKM Patricia Sapp
(make) (year) (tag#) (driver's name)

City Vehicle: _____
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of The City Of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee (s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Patricia Sapp (SEAL)
(claimant)
1970 Kilburn Drive
(address)
Atlanta GA 30324
(city) (state) (zip)
404-249-1575 / 404-603-7053
(home) (phone) (work)

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